



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Consultants in Pain Medicine, PA

Respondent Name

Travelers Indemnity Co

MFDR Tracking Number

M4-16-2422-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

April 11, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: No position statement submitted.

Amount in Dispute: \$194.43

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Provider contends they are entitled to separate reimbursement for the individual drug screen panels. The Carrier has reviewed the Medicare coding edits applicable to urine drug screens and disagrees that separate reimbursement is allowable."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 23, 2015	82570, 81003, G6041, G6056, G6045, G6046, G6031, G6051	\$194.43	\$194.43

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.210 sets out the documents required to be filed with medical bills during the medical billing process.
3. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 251 – The attachment/other documentation that was received was incomplete or deficient.
 - P12 – Workers' compensation jurisdictional fee schedule adjustment

Issues

1. Did the requestor meet division documentation requirements?
2. Were Medicare policies met?
3. Is reimbursement due?

Findings

1. The insurance carrier states, "the Provider has failed to comply with the Medicare edits regarding required documentation as directed by Chapter 133." 28 TAC §133.210 does not require documentation to be submitted with the medical bill for the services in dispute however, review of the submitted documentation finds an order for a "Custom Test Order" signed by Dr. Donald Stevenson. The carrier's position is not supported.
2. 28 Texas Administrative Code §134.203 (b) requires that For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:
 - (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

The requestor seeks reimbursement for CPT Code 82570 defined by the AMA CPT Code book as "Creatinine; other source."

The CMS 2015, National Correct Coding Initiative Policy Manual, Chapter 10, Page X-7, Section E. titled , "Drug Testing" <https://www.cms.gov> states, "Providers performing validity testing on urine specimens utilized for drug testing should not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed." No additional payment can be recommended.

28 Texas Administrative Code §134.203 (e) states:

The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

- (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and,
- (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.

CMS payment policy files identify those clinical laboratory codes which contain a professional component, and those which are considered technical only. The codes in dispute are not identified by CMS as having a possible professional component, for that reason, the MAR is determined solely pursuant to 28 TAC §134.203(e)(1). The maximum allowable reimbursement (MAR) for the services in dispute is 125% of the fee listed for the codes in the 2015 Clinical Diagnostic Laboratory Fee Schedule found on the Centers for Medicare and Medicaid Services website at <http://www.cms.gov>. The total MAR is calculated as follows:

81003 – Allowable $\$3.06 \times 125\% = \$ 3.83$
G6041 – Allowable $\$40.85 \times 125\% = \51.06
G6056 – Allowable $\$26.48 \times 125\% = \33.10
G6045 – Allowable $\$28.10 \times 125\% = \35.13
G6046 – Allowable $\$34.98 \times 125\% = \43.73
G6031 – Allowable $\$25.17 \times 125\% = \31.46
G6051 – Allowable $\$26.94 \times 125\% = \33.68

The total allowable for the services in dispute is \$231.99.

7. The total recommended payment for the services in dispute is \$231.99. The requestor is seeking \$194.43. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$194.43.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$194.43 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	May , 2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.